## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

10695730 Effective October 1, 2003

Effective October 1, 2000													
CLÁIMS AS FILED - PART I (Column 1)						(Column 2)		SMALL ENTITY TYPE		OR		OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			1				ſ	RATE	FEE	Γ	RATE	FEE	
TOTAL CLAIMS FOR			NUMBER FILED		NUMBER EXTRA		ł	BASIC FEE	385.00	OR	SASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			, minus 20=		* \$			X\$ 9=		OR	X\$18=		
							X43=			X86=			
INDEPENDENT CLAIMS \ \ \ \ minus :  MULTIPLE DEPENDENT CLAIM PRESENT					r &			A43=		OR			
								+145=		OR	+290=	700	
* If the difference in column 1 is less than zero, ente					er "0" in co	lumn 2	•	TOTAL		OR	TOTAL	440	
CLAIMS AS AMENDED - PAR					RT II	(Column 3)		SMALL	ENTITY	OR	OTHER SMALL		
		(Column 1)			HEST	Oblantin 97	1 1		ADDI-	1		ADDI-	
ΤA		CLAIMS REMAINING AFTER		NUN PREV	MBER IOUSLY D FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
AMENDMENT A	Total	*	Minus	**	<del>JFOR</del>	=	•	X\$ 9=	4	OR	X\$18=		
MEN	Independent	*	Minus	***		=		X43=		OR	X86=		
Ā	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	NT CLAIM		١	+145=		OR	+290=		
								TOTAL		OR	TOTAL		
								ADDIT. FEE		10	ADDIT. FEE		
İ	•	(Column 1)			umn 2)	(Column 3	)_			٦.		ADDI-	
<u>e</u>		CLAIMS REMAINING AFTER		NU PRE	SHEST IMBER VIOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIONAL	
AMENDMENT		AMENDMENT	Minus	PAI	ID FOR	=	1	X\$ 9=	<u> </u>	OR	X\$18=		
S	Total Independent	*	Minus	***		=	1	X43=	<del>                                     </del>	OR	You		
NA MA	CIDET DDECE		AULTIPLE DE	PENDE	NT CLAIM				<del> </del>	┨ॅ¨			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	TOTA	<del> </del>	
								TOTAL ADDIT. FEE	<u></u>	OR	ADDIT. FE	Ē	
		(Column 1)		(Co	lumn 2)	(Column 3	3)			_			
O TX	`	CLAIMS REMAINING AFTER AMENDMENT		HI NI PRE	IGHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE	
NE NE	Total	*	Minus	**		=		X\$ 9=	1	OF	X\$18=		
AMENDMENT	Independent	*	Minus	***		]=	4	X43=		OF	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDE				ENT CLAIM	1		+145=	1	OF	+290=	:	
1.	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OF	TOT		
	🗠 If the "Highest N		/ Paid For III I	LIO OI V	OF 12 1000 11		20." 3." mber	ADDIT. FE			אוויייייייייייייייייייייייייייייייייייי		
	The "Highest Nu	ımber Previously	Paid For" (Tota	ı or ınaep	endent) is t	is inglication	.,,				٠		